

## SD Medicaid BH Health Home Outcome Recommendations

Goal 1: Improve the health of Medicaid Health Home recipients with chronic conditions.	Measures	Data Source	Measure Specification	How HIT will be Utilized	Core Service
Clinical Outcomes	<b>Depression:</b> Percentage of BH-HH recipients aged 12 years through 17 years screened for clinical depression using an age appropriate standardized tool and follow-up documented.	Recipient Electronic Health Record	<b>Numerator</b> = Number of BH-HH recipients aged 12 years through 17 years screened for depression in the previous 12 months  <b>Denominator</b> = number of all BH-HH recipients aged 12 years through 17 years in the previous 12 months x 100	Results will be reported in a spreadsheet by individual primary care health home.	Health Promotion
	<b>Depression:</b> Percentage of BH-HH recipients aged 18 years and older screened for clinical depression using an age appropriate standardized tool and follow-up documented.	Recipient Electronic Health Record	<b>Numerator</b> = Number of BH-HH recipients aged 18 years and older screened for depression in the previous 12 months  <b>Denominator</b> = number of all BH-HH recipients aged 18 years and older in the previous 12 months x 100	Utilizing the HH's electronic health record, results will be reported in a spreadsheet by individual primary care health home.	Health Promotion & Comprehensive Care Management
	<b>Substance Abuse:</b> Percentage of BH-HH recipients age 12 years and older who were screened for tobacco, alcohol and other drug dependencies within the reporting period.	Recipient Electronic Health Record	<b>Numerator</b> = Number of BH-HH recipients age 12 years and older screened for tobacco, alcohol and other drug dependencies in the previous 12 months  <b>Denominator</b> = Number of all BH-HH recipients aged 12 years and older in the previous 12	Utilizing the HH's electronic health record, results will be reported in a spreadsheet by individual primary care health home.	Health Promotion & Comprehensive Care Management

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			months x 100		
	<p><b>Substance Abuse:</b> Percentage of BH-HH recipients age 13 years and older (adolescents and adults) with a new episode of alcohol or other drug (AOD) dependence who received the following:</p> <ul style="list-style-type: none"> <li>Initiation of AOD treatment</li> </ul>	Recipient Electronic Health Record	<p><b>Initiation of AOD Treatment Numerator</b> = Number of BH-HH recipients aged 13 years and older with initiation of AOD treatment through an inpatient admission, intensive outpatient encounter or partial hospitalization within 14 days of diagnosis.</p> <p><b>Denominator</b> = Recipients 13 years of age and older as of December 31 of the measurement year with a new episode of AOD during the intake period, reported in two age stratifications (13-17 years, 18 years and older) and a total rate. The total rate is the sum of the two denominators.</p>	Utilizing the HH's electronic health record, results will be reported in a spreadsheet by individual primary care health home.	Health Promotion & Comprehensive Care Management
	<p><b>Substance Abuse:</b> Percentage of BH-HH recipients age 13 years and older (adolescents and adults) with a new episode of alcohol or other drug (AOD) dependence who received the following:</p> <ul style="list-style-type: none"> <li>Engagement of AOD treatment</li> </ul>	Recipient Electronic Health Record	<p><b>Engagement of AOD Treatment Numerator</b> = Initiation of AOD treatment and two or more inpatient admission, outpatient visits, intensive outpatient encounters, or partial hospitalizations with any AOD diagnosis</p>	Utilizing the HH's electronic health record, results will be reported in a spreadsheet by individual primary care health home.	Health Promotion & Comprehensive Care Management

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			<p>within 30 days after the date of the initiation encounter (inclusive). Multiple engagement visits may occur on the same day, but they must be with different providers in order to be counted.</p> <p><b>Denominator =</b> Recipients 13 years of age and older as of December 31 of the measurement year with a new episode of AOD during the intake period, reported in two age stratifications (13-17 years, 18 years and older) and a total rate. The total rate is the sum of the two denominators.</p>		
	<p><b>Asthma:</b> Percentage of BH - HH recipients aged 5 through 50 years of age who were identified as having persistent asthma and were appropriately prescribed medication and remained on their medication during the measurement year. Two rates are reported. 1. % of BH - HH recipients who remained on an asthma controller medication at least 50% of the treatment period.</p>	Recipient Electronic Health Record	<p><b>Numerator =</b> For a given 90 day period number of BH-HH recipients between the ages of 5 through 50 years of age identified as having asthma and a prescription for a controller medication.</p> <p><b>Denominator =</b> for a given 90 day period number of BH-HH recipients between the age of 5 through 50 year of age identified as</p>	Results will be reported in a spreadsheet by individual primary care health home.	Comprehensive Care Management

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	2. % of BH-HH recipients who remained on an asthma controller medication @ least 75% of the treatment period.		<p>having asthma.</p> <p><b>Numerator</b> = number of BH-HH recipients on medication for asthma in the past 90 days with a medication possession ratio greater than 75%.</p> <p><b>Denominator</b> = number of all BH-HH recipients on medication for asthma in the past 90 days.</p>	The medication adherence, HEDIS indicators and meaningful use measures were developed from treatment guidelines. Health Homes will utilize data analytics of the diagnostic and service information in practice's electronic health record to assess and monitor the extent to which a specific individuals' care is consistent with treatment guidelines.	
	<b>Diabetes:</b> Percentage of BH - HH recipients aged 18 through 75 years with diabetes mellitus who had most recent hemoglobin A1c less than 8.0%.	Recipient Electronic Health Record	<p><b>Numerator</b> = For a given 90 day period, number of BH-HH recipients between the age of 18 to 75 years old identified as having diabetes and a documented Hba1c in the previous 12 months for whom the most recent Hba1c level is less than 8%</p> <p><b>Denominator</b> = For a given 90 day period, number of BH-HH recipients between the age of 18 – 75 years of age identified as having diabetes and having a documented Hba1c in the previous 12 months.</p>	The medication adherence, HEDIS indicators and meaningful use measures were developed from treatment guidelines. Health Homes will utilize data analytics of the diagnostic and service information in practice's electronic health record to assess and monitor the extent to which a specific individuals' care is consistent with treatment guidelines.	Comprehensive Care Management

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	<p><b>Diabetes:</b> Percentage of BH - HH recipients aged 18 through 75 years with diabetes mellitus who had most recent blood pressure in control (less than 140/90 mmHg).</p>	Recipient Electronic Health Record	<p><b>Numerator</b> = Number of BH-HH recipients 18 – 75 years of age with diabetes whose most recent blood pressure in the previous 12 months was less than 140/90 mmHg.</p> <p><b>Denominator</b> = total number of BH-HH recipients in the previous 12 months 18-75 years of age with diabetes.</p>	The medication adherence, HEDIS indicators and meaningful use measures were developed from treatment guidelines. Health Homes will utilize data analytics of the diagnostic and service information in practice's electronic health record to assess and monitor the extent to which a specific individuals' care is consistent with treatment guidelines.	Comprehensive Care Management
	<p><b>Vascular Disease:</b> Percentage of BH - HH recipients aged 18 years and older with Ischemic Vascular Disease (IVD) who received at least one lipid profile within 12 months and who's most recent LDL-C level was in control (less than 100 mg/dL).</p>	Recipient Electronic Health Record	<p><b>Numerator</b> = During the reporting period, number of BH-HH recipients age 18 years and older diagnosed with Ischemic Vascular Disease (IVD) who received at least one lipid panel profile within the last 12 months and whose recent LDL-C level was in control (less than 100mg/dl).</p> <p><b>Denominator</b> = BH-HH recipients age 18 years and older diagnosed with Ischemic Vascular Disease (IVD) who received at least one lipid panel profile within the last 12 months.</p>	The medication adherence, HEDIS indicators and meaningful use measures were developed from treatment guidelines. Health Homes will utilize data analytics of the diagnostic and information in practice's electronic health record to assess and monitor the extent to which a specific individuals' care is consistent with treatment guidelines.	Comprehensive Care Management

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	<b>Obesity:</b> Percentage of BH - HH recipients age 18- 74 years who had an outpatient visit and whom had their BMI documented during the reporting period or the year prior to the reporting period.	Recipient Electronic Health Record	<b>Numerator</b> = Number of BH-HH recipients age 18 - 74 with a documented BMI during the reporting period or the year prior to the reporting period  <b>Denominator</b> = BH-HH recipients 18-74 years of age who had an outpatient visit.	The medication adherence, HEDIS indicators and meaningful use measures were developed from treatment guidelines. Health Homes will utilize data analytics of the diagnostic and service information in practice's electronic health record to assess and monitor the extent to which a specific individuals' care is consistent with treatment guidelines.	Comprehensive Care Management
	<b>Obesity:</b> Percentage of BH - HH children age 6 to 17 with a calculated BMP (Body Mass Percentile) at their most recent preventative service visit during the reporting period.	Recipient Electronic Health Record	<b>Numerator</b> = Number of BH-HH recipients age 6 to 17 years during the reporting period or during the current visit documented in the medical record in the denominator with a calculated BMP.  <b>Denominator</b> = all active BH-HH recipients.	The medication adherence, HEDIS indicators and meaningful use measures were developed from treatment guidelines. Health Homes will utilize data analytics of the diagnostic and service information in practice's electronic health record to assess and monitor the extent to which a specific individuals' care is consistent with treatment guidelines.	Comprehensive Care Management
	<b>Cancer Screening:</b> Percentage of BH - HH women ages 50–75 who had a mammogram to screen for breast cancer.	Recipient Electronic Health Record	<b>Numerator</b> = During the reporting period, Number of BH-HH women ages 50-75 who	The medication adherence, HEDIS indicators and meaningful use	Comprehensive Care Management

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			<p>had a mammogram to screen for breast cancer</p> <p><b>Denominator:</b> Number of BH-HH women ages 50-75</p>	<p>measures were developed from treatment guidelines. Health Homes will utilize data analytics of the diagnostic and service information in practice's electronic health record to assess and monitor the extent to which a specific individuals' care is consistent with treatment guidelines.</p>	
	<p><b>Cancer Screening:</b> Percentage of BH - HH recipients ages 50–75 who had appropriate screening for colorectal cancer. Appropriate exams include colonoscopy, sigmoidoscopy or fecal occult blood tests.</p>	<p>Recipient Electronic Health Record</p>	<p><b>Numerator</b> = During the reporting period, Number of BH - HH recipients ages 50–75 who had appropriate screening for colorectal cancer.</p> <p><b>Denominator</b> = Number of BH - HH members ages 50–75</p>	<p>The medication adherence, HEDIS indicators and meaningful use measures were developed from treatment guidelines. Health Homes will utilize data analytics of the diagnostic and service information in practice's electronic health record to assess and monitor the extent to which a specific individuals' care is consistent with treatment guidelines.</p>	<p>Health Promotion</p>
	<p><b>Chronic Pain:</b> Percentage of BH - HH recipients aged 18 years and older with documentation of a pain assessment through discussion with the BH - HH recipient including the use of a standardized tool(s) on each visit AND documentation of a</p>	<p>Recipient Electronic Health Record</p>	<p><b>Numerator</b> = Number of BH - HH recipients aged 18 years and older with documentation of a pain assessment through discussion with the BH - HH recipient including the use of a standardized</p>	<p>The medication adherence, HEDIS indicators and meaningful use measures were developed from treatment guidelines. Health Homes will</p>	<p>Comprehensive Care Management</p>

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	follow-up plan when pain is present.		<p>tool(s) on each visit AND documentation of a follow-up plan when pain is present.</p> <p><b>Denominator</b> = Number of BH - HH recipients aged 18 years and older</p>	utilize data analytics of the diagnostic and service information in practice's electronic health record to assess and monitor the extent to which a specific individuals' care is consistent with treatment guidelines.	
	<p><b>Hypertension:</b> Percentage of BH - HH recipients aged 18 through 85 years of age who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled (&lt; 140/90 mmHg) during the measurement year.</p>	Recipient Electronic Health Record	<p><b>Numerator</b> = for a given 90 day period the number of BH-HH recipients between the age of 18 through 85 years old in the denominator whose most recent blood pressure is adequately controlled during the measurement year. For the recipient's BP to be controlled, both systolic and diastolic BP must be less than 140/90mmHg140/90 mmHg.</p> <p><b>Denominator</b> = for a given 90 day period total number of BH-HH recipients between the age of 18 through 85 years old identified as having hypertension and who had at least one outpatient encounter with a diagnosis of HTN during the first six months of the</p>	The medication adherence, HEDIS indicators and meaningful use measures were developed from treatment guidelines. Health Homes will utilize data analytics of the diagnostic and service information in practice's electronic health record to assess and monitor the extent to which a specific individuals' care is consistent with treatment guidelines.	Comprehensive Care Management



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			measurement year.		
	<b>SMI Medication Management:</b> Percentage of BH-HH recipients 12 years and older who were identified as having a SMI and filled their prescription for 85% of the time during the measurement period.	Recipient Electronic Health Record	<b>Numerator</b> = Number of BH-HH recipients 12 years and older who were identified as having a SMI and filled their prescription for 85% of the time during the measurement period.  <b>Denominator</b> = Total number of BH-HH recipients 12 years and older who were identified as having a SMI	The medication adherence, HEDIS indicators and meaningful use measures were developed from treatment guidelines. Health Homes will utilize data analytics of the diagnostic and service information in practice's electronic health record to assess and monitor the extent to which a specific individuals' care is consistent with treatment guidelines.	Comprehensive Care Management
	<b>SMI Co-Occurring Disorders:</b> Percentage of BH-HH recipients age 12 years and older who were screened for co-occurring mental illness and substance abuse disorders within 30 days of initial intake.	Recipient Electronic Health Record	<b>Numerator</b> = The number of BH-HH recipients age 12 years and older who were screened for co-occurring mental illness and substance abuse disorders within 30 days of initial intake.  <b>Denominator</b> = The total number of BH-HH recipients age 12 years and older	The medication adherence, HEDIS indicators and meaningful use measures were developed from treatment guidelines. Health Homes will utilize data analytics of the diagnostic and service information in practice's electronic health record to assess and monitor the extent to which a specific individuals' care is consistent with treatment guidelines.	Comprehensive Care Management
Experience of Care	<b>Measure and Improve Performance:</b> The practice or	BH Health Home satisfaction survey	<b>Numerator</b> = Number of recipient responses with	Results of BH-HH surveys will be	Health Promotion &

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	practice designee surveys BH-HH recipients to assess BH-HH recipient/family experience and general satisfaction. The survey addresses the process for establishing treatment goals and whether the goals were set by the BH-HH recipient or staff. (Adult Services Outcome Tool: question 6i "I like the services I received here").		an affirmative response to Adult Services Outcome Tool question 6i.  <b>Denominator</b> = the total number of recipient responses to Adult Services Outcome Tool question 6i.	reviewed and reported across the entire statewide BH-Health Home Initiative.	Chronic Care Management
	<b>Measure and Improve Performance:</b> The practice or practice designee surveys BH-HH recipients to assess BH-HH recipient/family experience and general satisfaction. The survey addresses if the BH-HH recipient would continue to use this service if others were available. (Adult Services Outcome Tool; question 6j "If I had other choices, I would still get services from this agency").	BH Health Home satisfaction survey	<b>Numerator</b> = Number of recipient responses with an affirmative response to Adult Services Outcome Tool question 6j.  <b>Denominator</b> = the total number of recipient responses to Adult Services Outcome Tool question 6j.	Results of BH-HH surveys will be reviewed and reported across the entire statewide BH-Health Home Initiative.	Health Promotion & Chronic Care Management
	<b>Measure and Improve Performance:</b> The practice or practice designee surveys BH-HH recipients to assess BH-HH recipient/family experience and general satisfaction. The survey addresses if the BH-HH recipient would recommend this service to a friend or family member. (Adult Services Outcome Tool; question 6k "I would recommend the agency to a friend or a family member").	BH Health Home satisfaction survey	<b>Numerator</b> = Number of recipient responses with an affirmative response to Adult Services Outcome Tool question 6k.  <b>Denominator</b> = the total number of recipient responses to Adult Services Outcome Tool question 6k.	Results of BH-HH surveys will be reviewed and reported across the entire statewide BH-Health Home Initiative.	Health Promotion & Chronic Care Management

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<b>Quality of Care</b>	<b>Measure and Improve Performance:</b> The practice or practice designee surveys BH-HH recipients to assess BH-HH recipient/family experience and general satisfaction. The survey addresses that the outcomes that are being experienced by the BH-HH recipient (Adult Services Outcome Tool; questions 6m through r). m = "I was able to get all the services I thought I needed." n = "I am better able to control my life." o = "I am getting along better with my family." p = "I do better in school and/or work." q = "My housing situation has improved." r = "I can deal more effectively with daily problems."	BH Health Home satisfaction survey	<b>Numerator</b> = Number of recipient responses with an affirmative response to Adult Services Outcome Tool questions 6m through 6r.  <b>Denominator</b> = the total number of recipient responses to Adult Services Outcome Tool questions 6m through 6r.	Results of BH-HH surveys will be reviewed and reported across the entire statewide BH-Health Home Initiative.	Health Promotion & Chronic Care Management
	<b>Multiple Medications:</b> Percentage of specified visits for BH - HH recipients aged 18 years and older for which the eligible professional attests to documenting a list of current medications to the best of his/her knowledge and ability. This list must include ALL prescriptions, over-the-counters, herbals, vitamin/mineral/dietary (nutritional) supplements.	Recipient Electronic Health Record	<b>Numerator</b> = BH-HH recipients age 18 years and older that have had a recipient visit within the reporting period and have a list of current medication in the BH-HH electronic health record.  <b>Denominator</b> = all active BH-HH recipients that have had a visit in the reporting period.	BH-HH attests to the presence of medication listing within the electronic health record as a matter of best practice as the data cannot be queried electronically. Future IT utilization will mirror meaningful use criteria and the Health Home will report electronically.	Comprehensive Care Management
	<b>Pro-Active Patient Management:</b> The practice uses BH - HH recipient information, clinical data and	Recipient Electronic Health Record/Practice Records	BH-HH electronic health record or electronic care management system identifies BH-HH	BH-HH attests to the evidence of reminder systems. Future IT utilization	Health Promotion & Chronic Care Management

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	evidence based guidelines to generate lists of BH - HH recipients and proactively remind BH - HH recipients and families and clinicians of services needed. The practice demonstrates that during the past year it has proactively identified and provided outreach to BH - HH recipients in need of services.		recipient visits scheduled, and reminds BH-HH recipients of said visits.	will mirror meaningful use criteria and the Health Home will report electronically and identify the number of recipients requiring follow-up.	
<b>Goal 2: Provide cost effective, high-quality health care services for Medicaid Health Home recipients.</b>	<b>Measures</b>	<b>Data Source</b>	<b>Measure Specification</b>	<b>How HIT will be Utilized</b>	<b>Core Service</b>
<b>Experience of Care</b>	<b>Measure and Improve Performance:</b> The practice or practice designee surveys BH-HH recipients to assess BH-HH recipient/family experience and general satisfaction. The survey must include questions related to services available at a time suitable to the recipient and services needed were available. (Adult Services Outcome Tool. Question 6l “ Services were available at times that were good for me” and question 6m “I was able to get all the services I thought I needed.”	BH Health Home satisfaction survey	<b>Numerator</b> = Number of recipient responses with an affirmative response to Adult Services Outcome Tool questions 6l and 6m.  <b>Denominator</b> = the total number of recipient responses to Adult Services Outcome Tool questions 6l and 6m.	Results of BH-HH surveys will be reviewed and reported across the entire statewide BH-Health Home Initiative.	Health Promotion & Chronic Care Management
<b>Clinical Outcomes</b>	<b>Chronic Pain:</b> Percentage of BH - HH recipients with a primary diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI, CT scan) within 28 days of diagnosis.	Recipient Electronic Health Record	<b>Numerator</b> = Number of BH-HH recipients with a primary diagnosis of low back pain who did not have an imaging study within 28 days of the	The medication adherence, HEDIS indicators and meaningful use measures were developed from	Comprehensive Care Management

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			diagnosis.  <b>Denominator</b> = Number of BH-HH recipients with a primary diagnosis of low back pain.	treatment guidelines. Health Homes will utilize data analytics of the diagnostic and service information in practice's electronic health record to assess and monitor the extent to which a specific individuals' care is consistent with treatment guidelines.	
<b>Quality of Care</b>	<b>Resource Utilization:</b> DSS tracks the accumulated Medicaid expenditures/ total resources expended to provide care for all Health Home BH - HH recipients by tier.	Electronic Claims Data	<b>Numerator</b> = the accumulated Medicaid expenditures (inpatient, outpatient, pharmacy, ancillary services) associated with BH-HH recipients by risk tier <b>Denominator</b> = total number of BH-HH recipients by tier.	DSS will utilize its electronic claims system to identify total costs by tier and for the total	Comprehensive Care Management
	<b>Resource Utilization:</b> DSS tracks the accumulated Medicaid expenditures/resources expended to provide care to all enrolled BH-HH recipients.	Electronic Claims Data	<b>Numerator</b> = the accumulated Medicaid expenditures (inpatient, outpatient, pharmacy, ancillary services) associated with all enrolled BH-HH recipients <b>Denominator</b> = total number of enrolled BH-HH recipients.	DSS will utilize its electronic claims system to identify total costs associated with BH-HH recipients.	Comprehensive Care Management
	<b>Accessing appropriate levels of care:</b> The BH-HH provides education on appropriate ER utilization and DSS tracks overall ER utilization to measure reductions over a 12-	Electronic Claims Data	<b>Numerator</b> = Number of annual BH-HH emergency room visits <b>Denominator</b> = total BH-HH member months x 12	DSS will utilize its electronic claims system to measure emergency room visits/1000 members/year.	Comprehensive Care Management

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	month period.		x 1,000.		
	<b>Utilization Management Performance:</b> The practice manages the BH - HH recipient population for those 75 years of age and under . to reduce the overall hospitalizations over a 12 month period. DSS measures admits per thousand annually.	Electronic Claims Data	<b>Numerator</b> = For a 12 month period, utilizing the HEDIS 2011 codes for inpatient general hospital/acute care, inpatient alcohol and other drug services and inpatient mental health services discharges calculate the total number of hospital bed days for al HH recipients under age 75  <b>Denominator</b> = the average number of BH-HH recipients under age 75 during that same time period x 1,000.	DSS will utilize its electronic claims system to measure hospital bed days and its enrollment system to measure the average number of BH-HH recipients to calculate admits per thousand.	Comprehensive Care Management
	<b>Utilization Management Performance:</b> The practice manages the BH - HH recipient population to reduce hospital readmissions for the same or similar diagnosis within a 30 day period over a 12 month period.	Electronic Claims Data	<b>Numerator</b> = the number of BH-HH recipients admitted to a hospital for the same or similar diagnosis within 30 days of a hospital discharge  <b>Denominator</b> = the total number of hospital discharges during the same reporting period.	DSS will utilize its electronic claims system to identify hospital readmissions for the same or similar diagnosis within 30 days of a hospital discharge to measure readmission rates over a 12 month period.	Comprehensive Care Management
	<b>Utilization Management Performance:</b> The practice manages the BH - HH recipient population 18 years of age and older to reduce hospital readmissions for the same or similar diagnosis within a 30 day period over a 12 month period.	Electronic Claims Data	<b>Numerator</b> = the number of BH-HH recipients 18 years of age or older admitted to a hospital for the same or similar diagnosis within 30days of a hospital discharge  <b>Denominator</b> = the total	DSS will utilize its electronic claims system to identify hospital readmissions for the same or similar diagnosis within 30 days of a hospital discharge to measure readmission	Comprehensive Care Management

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			number of hospital discharges of BH-HH recipients 18 years of age or older during the same reporting period.	rates over a 12 month period.	
	<b>Track &amp; Coordinate Care:</b> The practice tracks referrals using a reporting log or electronic reporting system. The tracked referrals are those determined by the clinician to be important for a BH - HH recipient's treatment or as indicated by practice guidelines.	Recipient Electronic Health Record	<b>Numerator</b> = Number of BH-HH recipients referred by a clinician  <b>Denominator</b> = all active BH-HH recipients during the same reporting period.	The BH-HH tracks identified referral through its electronic health record or practice management system.	Care Coordination
	<b>Care Transition:</b> Transition Record Transmitted to BH-HH The practice tracks the percentage of patients, regardless of age, discharged from an inpatient facility to home or any of other site of care for whom a transition record was transmitted to the facility or designated health professional for follow-up care within 24 hours of discharge.	Recipient Electronic Health Record	<b>Numerator</b> = Number of BH-HH recipients with a transition record from an inpatient facility (hospital inpatient or observation, skilled nursing facility or rehabilitation facility) transmitted to the BH-HH for follow-up care within 24 hours of discharge.  <b>Denominator</b> = All BH-HH recipients discharges from an inpatient facility (hospital inpatient or observation, skilled nursing facility or rehabilitation facility) to home/self-care or any other site of care.	The BH-HH tracks follow-up care delivered within 24 hours of discharge through its electronic health record or practice management system.	Comprehensive Care Management

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	<b>Follow-up After Hospitalization for Mental Illness:</b> BH HH tracks the percentage of HH recipients 6 years of age and older who were hospitalized for treatment of selected mental health disorders and who had an outpatient visit, an intensive outpatient encounter, or partial hospitalization with a mental health practitioner within 7 days of discharge.	Recipient Electronic Health Record	<b>Numerator</b> = An outpatient visit, intensive outpatient encounter, or partial hospitalization (refer to table FUH-C in the original measure documentation codes to identify visits) with a mental health practitioner within 7 days after discharge.. Include outpatient visits, an intensive outpatient encounters, or partial hospitalizations that occur on the day of discharge.  <b>Denominator</b> = Recipients 6 years of age and older discharged alive from an acute inpatient setting (including acute care psychiatric facilities) with a principal mental health diagnosis on or between January 1 and December 31 of the measurement year.	The BH-HH tracks follow-up care delivered within 24 hours of discharge through its electronic health record or practice management system.	Comprehensive Care Management
<b>Goal 3: Transform the primary care health care delivery system.</b>	<b>Measures</b>	<b>Data Source</b>	<b>Measure Specification</b>	<b>How HIT will be Utilized</b>	
<b>Clinical Outcomes</b>	N/A				
<b>Experience of Care</b>	<b>Self-Management:</b> Recipient & Family Support: Provide educational resources or refers at least 50% of BH-HH recipients/families to educational resources to assist	Recipient Electronic Health Record	<b>Numerator</b> = the number of BH-HH recipients that were provided educational resources or referrals	BH-HH Management report and attestation. Future goal is to receive the report electronically via the	Patient & Family Support



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	in self-management. .		<b>Denominator</b> = all active BH-HH recipients during the same time period. Educational materials or referrals provided are to be documented in BH-HH recipients electronic health record	BH-HH electronic health record.	
	<b>Self-Management:</b> Counsel at least 50% of BH-HH recipients/families to adopt healthy behaviors associated with disease risk factors (tobacco use, nutrition, exercise & activity level, alcohol use).	Recipient Electronic Health Record	<b>Numerator</b> = Number of BH-HH recipients that have been educated on health risks associated with disease risk factors.  <b>Denominator</b> = Total number of active BH-HH recipients during the reporting period.	BH-HH Management report and attestation. Future goal is to receive the report electronically via the BH-HH electronic health record.	Patient & Family Support
	<b>Plan &amp; Manage Care:</b> Conduct pre-visit preparations and collaborate with BH-HH patient/family to develop an individual care plan that includes treatment goals.	Recipient Electronic Health Record	<b>Numerator</b> = Number of BH-HH recipients whose medication, laboratory, and radiology orders created by provider are recorded using CPOE/EHR.  <b>Denominator</b> = Total number of active BH-HH recipients during the reporting period.	BH-HH Management report and attestation. Future goal is to receive the report electronically via the BH-HH electronic health record.	Health Promotion & Chronic Care Management
	<b>Plan &amp; Manage Care:</b> Provide the BH-HH recipient/family a clinical summary of each relevant visit	Recipient Electronic Health Record	<b>Numerator</b> = Number of BH-HH recipients that had a visit during the reporting period  <b>Denominator</b> = all active BH-HH recipients during	BH-HH Management report and attestation. Future goal is to receive the report electronically via the BH-HH electronic	Health Promotion & Chronic Care Management

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			the same time period.	health record.	
<b>Quality of Care</b>	<b>Comprehensive Care:</b> The practice follows up with BH - HH recipients who have not kept important appointments, such as for rechecks, preventive care, or post hospitalization.	Recipient Electronic Health Record/Practice Records	<b>Numerator</b> = Number of missed BH-HH recipients appointments  <b>Denominator</b> = Number of scheduled BH-HH recipient visits in the reporting period.	BH-HH Management report and attestation or an electronic report via the BH-HH electronic health record.	Comprehensive Transitional Care & Follow-up
	<b>Plan and Manage Care:</b> Identify BH-HH recipients/families who might benefit from additional care management support.	Recipient Electronic Health Record /Practice Records	<b>Numerator</b> = Number of recipients identified and referred for additional support services <b>Denominator</b> = all active BH-HH recipients during the same time period.	BH-HH Management report and attestation or an electronic report via the BH-HH electronic health record.	Comprehensive Transitional Care & Follow-up
	<b>Self-Management:</b> Document self-management abilities for at least 50% of BH-HH patients/families.	Recipient Electronic Health Record /Practice Records	<b>Numerator</b> = Number of BH-HH recipients with self-management abilities documented in recipient health record  <b>Denominator</b> = all active BH-HH recipients during the same time period.	BH-HH Management report and attestation or an electronic report via the BH-HH electronic health record.	Patient & Family Support
	<b>Self-Management:</b> Provide self-management tools to enable BH - HH recipients to record self care results for at least 50% of BH-HH patients/families.	Recipient Electronic Health Record /Practice Tools	<b>Numerator</b> = Number of BH-HH recipients utilizing self-management tools to record self care results  <b>Denominator</b> = all active BH-HH recipients during the same time period.	BH-HH Management report and attestation or an electronic report via the BH-HH electronic health record.	Patient & Family Support
	<b>Track &amp; Coordinate Care:</b> Demonstrate the capability for electronic exchange key clinical information	BH-HH Attestation	BH-HH attests that their BH-HH electronic Health Record has been functional for a twelve month period	BH-HH Management report and attestation	Care Coordination
	<b>Track &amp; Coordinate Care:</b>	Recipient	<b>Numerator</b> = Number of	Electronic report via	Health

## SD Medicaid BH Health Home Outcome Recommendations

	Provide an electronic summary of care record for more than 50% of referrals to the referred specialists.	Electronic Health Record	<p>times BH-HH recipient information was transferred (recipients electronic health record indicates a specialty referral) in a 90 day period</p> <p><b>Denominator</b> = number of BH-HH recipients actively enrolled in the BH-H at any point during the 90 days x 90.</p>	the BH-HH electronic health record. .	Promotion & Chronic Care Management
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